

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/566448 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1			1				51					
2				1				52					
3			1		1			53					
4			1		1			54					
5			4		1			55					
6					1			56					
7					1			57					
8					1			58					
9					1			59					
10					1			60					
11					1			61					
12					1			62					
13					1			63					
14					1			64					
15					1			65					
16					1			66					
17					1			67					
18					1			68					
19					1			69					
20					1			70					
21					1			71					
22					1			72					
23					1			73					
24					1			74					
25					1			75					
26					1			76					
27					1			77					
28					1			78					
29					1			79					
30					1			80					
31	1			1				81					
32	1			1				82					
33	1			1				83					
34	1			1				84					
35	1			1				85					
36	3			1				86					
37	3			1				87					
38	3			1				88					
39	3			1				89					
40	11			1				90					
41	11			1				91					
42	10			1				92					
43				1				93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	1	↓			TOTAL IND.			↓		
TOTAL DEP.			←	42	←			TOTAL DEP.			↓		
TOTAL CLAIMS			42					TOTAL CLAIMS			42		

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